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Art. I.—ENDEMICO-EPIDEMIC FEVER, PRESUMED TO BE INDUCED BY ANIMAL DECOMPOSITION—APPARENT ABSENCE OF VEGETABLE DECOMPOSITION.

BY WILLIAM MAXWELL WOOD, M. D., U. S. NAVY.

[This interesting communication is possessed of double value at the present moment, when the origin of the endemico-epidemics of the south are topics of discussion. If it should not establish that animal decomposition was the cause of the disease described, it affords ample reason for the belief that vegetable decomposition could have had no agency in the causation.—*Ed.*]

Fort Kemble, E. Florida, Nov. 8th, 1839.

Dear sir,—During the past summer, while attached to the U. S. steamer, Poinsett, doing duty on the coast of Florida, for the suppression of Indian hostilities, a diseased condition manifested itself among a portion of our crew, the facts and circumstances in connection with which tend, in my opinion, to throw some doubt upon the generally received theory respecting miasmata; and you may perhaps deem them of sufficient interest for insertion in your periodical.

At the southern extremity of Florida, and about twenty miles from the main land, is a small coral neck of twelve acres' extent, called Indian Key. Its surface, with the exception of a few insulated trees, presents a naked, white, clean exposure of carbonate of lime; and there is not on the Key a natural receptacle for water as large as a wash-basin,—rain being collected in cisterns for the use of the inhabitants, who number from fifty to sixty. The houses, which have all been erected upon the plan of a single proprietor, are neat, new, one story cottages, separate from each other, raised two or three feet from the ground, on stone supports, and ranged around the island, facing the ocean, with a large open space back of them; the breezes from the sea, have thus a clear sweep over the Key and through all the buildings. There is nothing to generate vegetable miasmata, and the place enjoys a freedom from disease, such as might be expected from its character, location, and the equable temperature of the climate.

The commander of the expedition thought it necessary to leave a detachment at this place, and thirteen men in charge of an officer were quartered in two of the above described cottages, on the southern side of the island. After an absence of some weeks, on Sept. 23d, the steamer returned to Indian Key, when the officer in charge and one of the men, were found suffering under violent febrile disease. They had been for two days under active *unprofessional* treatment. In the case of the officer there was high delirious excitement; in that of the man there was less cerebral disturbance,

but oppressive pulmonary congestion, and as this latter condition diminished, the brain became more affected. Two other cases presented themselves on the day after our arrival, in both of them there was much prostration of the powers of life; one of them was found about 6 o'clock in the evening, lying on the floor in a condition of insensibility, secretions flowing from the mouth, eyelids widely separated, pupils dilated, great difficulty of utterance; having all the appearance of being deeply intoxicated. This man died in seven hours after he was first seen; the other, taken on the same day, in forty-eight hours. The officer expired on the fifth day after our arrival, having been during the whole time a raving maniac, and no means being successful in procuring sleep.

On the second day after our arrival, all the men with their luggage were removed on board the steamer; but several other cases appeared, marked by cerebral oppression, nervous agitation, but little disposition to reaction; intense pain in the head, back, and limbs; the skin and conjunctiva assuming from the third to the fifth day a very yellow tinge.

These cases were all among the men who had been stationed ashore; but the disease now showed itself among those who had simply visited the quarters, and in these cases it presented a different type, the tendency to reaction being greater, and the grade of fever much higher. Of these cases one had slept a night in the quarters, and the others had only passed a few minutes there, and that after their abandonment. All the phenomena of this disease were such as I have seen resulting from the influence of marsh miasmata in its various degrees of action, from the condition of overpowering congestion seen in the "cold plague" of the Mississippi, to the symptoms marking the yellow fever of our southern states and the West Indies.

An examination of the houses which I made myself, although there was displayed a want of cleanliness, showed no accumulation of decomposed vegetables, either in, under, or around them; but there was an oppressive animal, jail-like smell, which seemed to emanate from the houses themselves.

There had been much and continued intemperance among the men, and part of a barrel of spoiled salt beef, which was very offensive previous to our departure, had been covered with fresh brine, and served out as the men's rations. This beef was stowed in one of the houses, and had just been consumed as we arrived. Such were the facts gathered during our researches after the cause of the disease. As the cases accumulated and became crowded on ship-board, a large room, eighty by forty feet, the rigging-loft of a three story building, was engaged as an hospital. This room had double doors and two large windows at each end, and six smaller windows on the side next the sea. Vigilant attention was paid to the cleanliness of this place, and during the whole of our occupancy of it, the wind blew half a gale from the N. E., and the weather was quite chilly, yet here a third class of cases presented themselves. Upon the convalescing of the original cases, four of the hospital attendants, men fresh from the ship when we moved to the hospital, were taken, and I suffered severely from the disease myself. Upon our convalescence Assistant-Surgeon McCreery had an attack. All of us had visited the infected houses after they had been evacuated, none had passed more than a few minutes there; the longest period, perhaps, being that passed by myself, during the investigation of the cause of the disease, and the case of the assistant-surgeon did not present itself for nearly three weeks after he had been there. The treatment was such as seemed appropriate to the pathological condition supposed to be indicated by the symptoms. The state of congestion, oppression and pain, being met by general local bleeding, measured by the relief given to the symptoms; warm pediluvia, together with sinapisms, and blisters to the extremities.

Where there was much reaction, heat of the head and skin—in addition to bleeding, we used cold affusion and sponging, with the continued admi-

nistration of tart. antimon. in small doses. The bowels were, in all the cases, washed out by copious mild enemata; and mercurial purgatives were given until the secretions resumed a healthy character. No effort was made to induce ptyalism or care taken to avoid it; but its occurrence, to the slightest extent, in any case, was the signal of the entire subsidence of every other morbid symptom, and was followed by an immediate return to full health; whereas those, in which the mercurial influence was not perceptible, were slow in their recovery; functional derangement of the abdominal viscera being of much longer continuance.

No relation appeared to exist between the violence of the disease, and the developement of the mercurial action. In the case of the commander, whose attack was very threatening, and who had been copiously bled, it appeared in twenty-four hours, with the above stated consequence.

The result of the treatment was as follows:—There were twenty-two cases in all; four were lost, and they were all unfavourable subjects; two had been for two days under injudicious treatment, previous to our arrival; another was not seen at the commencement of the disease, and had certainly drunk his allowance, half a pint of whiskey, and probably more, while under its influence; the fourth case was that of a negro, of infirm constitution and remarkably timid character, he was supposed to be convalescing, but became chilled in the night, and died under symptoms of sudden pulmonary congestion.

I have endeavoured to present you with a correct general history of the rise and progress of this disease, and the circumstances to which I would call your attention are,—the entire absence of general or local vegetable miasmata; the concentration of the poison, as seen in the prostration of the powers of life, and the very short exposure to its influence necessary to generate the disease; its insulation—there was no case among the inhabitants of the Key, although the neighbouring cottages were occupied.

The cases which arose in the hospital are interesting, as showing either the strong vitality of the morbid influence, or the power of the disease communicating itself by continued and frequent contact. The difference in the type of the disease may be attributed to the recent habits of the persons it attacked; but to what to trace the disease I am at a loss, unless to the putrid beef, and I should certainly receive this as the cause, were not such a conclusion adverse to all my previous opinions upon the subject of miasmata. Circumstances rarely occur, in which the absence of vegetable influence is so complete, and the testimony concurs in designating a single cause.

With much respect, yours truly,
WILLIAM M. WOOD.

Professor Dunglison.

For the American Medical Intelligencer.

ART. II.—CASE OF ACUTE LARYNGITIS.

BY S. A. COOK, M. D., OF BUSKIRK'S BRIDGE, N. Y.

Buskirk's Bridge, N. Y., Jan. 1840.

Dear sir,—I send you the following case, which if you think worthy of a place in your valuable journal is at your disposal. I should be glad of your opinion whether it was acute laryngitis or not.[1] The description is

[1] The caption which we have given to the interesting article of our correspondent sufficiently shows that we regard the case to have been acute laryngitis.—*Ed.*

drawn from my notes taken at the time and at the bedside of the patient, and is as faithful as I am capable of presenting it.

With great respect, I am yours,

S. A. Cook.

Robley Dunglison, M. D.

David Gordon, aged 51, farmer; in which employment he has been engaged through life; accustomed to exposure, and, though naturally of a robust constitution, has suffered in times past from various severe attacks of disease. In 1832 he had a choleric attack, followed by severe typhoid fever, from which he slowly recovered. During the three or four past years, he has repeatedly suffered from what he has called quinsy, and at the close of one of these attacks the last summer I saw him. His mouth was pale; filled with saliva; the sublingual glands swelled so as to considerably displace the tongue; their folds semitransparent and apparently distended with fluid; the parotids and submaxillary glands, though but slightly tumefied, hard, and tender on pressure. As the disease was declining, I only ordered a mildly stimulating diet, a gentle laxative, and the external application of camph. vol. lin., and saw no more of him till

Oct. 18th, 10 o'clock, P. M.—Was taken yesterday with sore throat, which has since been constantly increasing; had violent cold chills last night; tongue red, thinly coated and swelled; pressure on its back part produces intense pain, attended with a sense of urgent suffocation—any attempt at deglutition, either of liquids or solids, produces the same, with a convulsive cough or rather strangling, which, after driving out through the mouth or nostrils, the offending substance, continues with stridulous respiration from thirty minutes to an hour. The stomach appears unaffected; the bowels costive; the skin is cool, moist, and inelastic, of a darker shade than natural on the face; the pulse 64, soft and feeble; he has headach; eyes are suffused; countenance expressive of suffering. While at rest, the respiration, though hurried, is not very difficult, though any motion or pressure of the upper part of the throat, or the cartilages of the larynx, makes it terrible. The voice is entirely lost, and coughing produces acute pain in the larynx; no expectoration.

Prescription.—Bathed the feet in warm water; placed hot bricks wrapped in flannel to the feet and by the side of the legs in bed; bled thirty ounces, (during the abstraction of twenty ounces of which the pulse increased in strength and hardness.) The bleeding has produced a decided impression on the constitution; the blood is very sizy. Apply a sinapism to the throat.

19th, 9 o'clock, A. M.—Has had a restless night. Secretions of the larynx and bronchia commencing and producing a moist tracheal rhonchus. As yet he is unable to expectorate except by driving the secretion out of the trachea by the breath, and by the aid of the fingers making a shift to draw it out of the fauces. Pain and tenderness about the larynx continues much as last night. Cough convulsive, painful in the extreme, hoarse and less sonorous than last evening; respiration stridulous; groans much; bowels inactive; skin moist, warm; pulse 80, sharp; face red; eyes protuberant; conjunctiva injected. Blood of last night cupped. Has swallowed nothing during the last twelve hours—thinks he might swallow medicine in syrup.

Prescription.—Venesection. Abstracted sixteen ounces of blood.

℞. Cal. gr. ij.
Tart. ant. et pot. gr ½.
Opii, gr. i.

To be taken every three hours till six powders shall have been taken, then follow with pilulæ cath. comp. ad catharsin.

20th, noon.—Gums swelled from mercury; cathartic has operated freely;

much improved; can speak and swallow better; great tenderness of the dorsum of the tongue, an attempt to reach the glottis with my finger producing acute pain, and a temporary return of stridulous respiration. Cartilages of larynx and trachea still somewhat tender, more so on the left side; voice louder, and swallows with much less difficulty; coughs, though with pain, and expectorates in the usual manner; skin cool, but dry; pulse 80, small and weak. Sublingual glands swelling, red; submaxillary and parotid hard and tender. An increased secretion of saliva, with a feeling of grittiness in the mouth.

Prescription.—Continue the powders as before, every four hours, till three have been taken, followed by cathartic to-morrow morning. Epispastic over the tender parts of the throat.

21st, noon.—Very much improved; pulse 70, soft; cath. has operated mildly; very slight ptyalism. Dismissed.

Mr. G. has still, Jan. 1, 1840, a frequent twingeing pain darting through from one parotid to the other, attended with a sense of prickling about the roots of the tongue; considerable tenderness about the larynx, increased by exposure to cold, damp, or windy weather. His throat is constantly more or less sore. His voice is hoarse and feeble, and he tells me that he frequently feels as though about to have another attack. He is, however, gradually improving.

Remarks.—Was this a case of acute laryngitis? It presented many of the most prominent symptoms of that disease and yet I have been unable entirely to satisfy myself with regard to its exact pathology. The intervals between the paroxysms of stridulous respiration, when he appeared comparatively calm, led me to doubt the correctness of my first diagnosis; yet, when I looked at his bloated face, protuberant eyes, injected conjunctiva, the violence of the convulsive cough, the difficulty of respiration attending it, or following any attempt at deglutition, or any pressure about the larynx or on the dorsum of the tongue, the almost perfect loss of the voice, and the acute pain produced by any attempt to articulate, I could not doubt but there existed inflammation of some of the various structures composing the larynx. The treatment was intended to be such as would control acute inflammation, and to be carried to the extent of the constitutional powers. At the time of the first bleeding the systemic reaction was slight, but increased with the diminution of the volume of the circulating fluid. This bleeding, however, was carried to the point of producing a decided impression on this factitious reaction—a circumstance of vital importance in the treatment of highly acute disease, (and it is rarely seen in any other,) as when the pulse increases in strength and hardness during the flow of blood, and the depletion is continued till that pulse decidedly yields, I believe the impetus of the disease to be subdued, and that the practitioner has little more to do but to follow up the impression already made by a judicious course of medication to conduct the case to a favourable issue.

S. A. Cook.

BIBLIOGRAPHICAL NOTICES.

Gross's Pathological Anatomy.[1]

That a convenient work, in the English language, on pathological anatomy—adapted to the existing condition of the science—was demanded, will be admitted by all. This desideratum Professor Gross has endeavoured to supply, and we can strongly recommend his "Elements of Pathological Anatomy," to the attention of the pathological enquirer. In manuscript the production impressed us favourably, and the opinion is sustained, now that it is placed before us in a more tangible form. We trust that the work may see many editions, and we are satisfied that it will be the earnest endeavour of the able and industrious author to keep it *à portée* with the existing condition of the science.

Dr. Gross's work is divided into two portions,—*part first*, embracing the General Principles of Pathological Anatomy; and *part second*, Special Pathological Anatomy. The lithographs are not numerous, but they are good; much better than the xylographic illustrations, which, we think, are unworthy of the text.

The student of pathological anatomy will find these volumes entitled to his best attention.

Dr Hun's[2] *and Dr. May's*[3] *Introductory Lectures.*

These lectures are both published at the request of the classes before which they were respectively delivered.

The views of Dr. Hun on the effects of systems on medicine are strikingly analogous to those expressed by ourselves recently on a similar occasion. We extract them for another purpose, likewise,—to exhibit the author's manner.

"These premature attempts to establish systems in medicine, have contributed greatly to cast discredit upon the science, and have diminished the usefulness of the art. For as art is derived from science it partakes of all its errors and imperfections. A false theory is not merely absurd but it is most pernicious. Its ideas become acts; its errors of speculation become errors of practice, and in medicine an error of practice is, unfortunately, for the most part irreparable.

"It is, however, a great mistake to suppose that these systems have been entirely without utility. Each of them viewing only a single side of the subject has contributed to develope the science in this direction, to accumulate facts bearing on this partial view, and has thus aided in the permanent advancement of the science. Thus, after each revolution, the science

[1] Elements of Pathological Anatomy, illustrated by numerous engravings. (With a motto.) By Samuel D. Gross, M. D., late Professor of General Anatomy, Physiology, and Pathological Anatomy, in the Medical Department of the Cincinnati College. 8vo, pp. 518. 510. Boston, 1839.

[2] Introductory Lecture before the Albany Medical College, delivered Nov. 12, 1839. By Thomas Hun, M. D., Professor of Institutes of Medicine. Published by request of the Class. 8vo, pp. 30. Albany, 1839.

[3] An Introductory Lecture, delivered at the opening of the Medical Department of the Columbian College, Nov. 4, 1839. By John Frederick May, M. D., Professor of Anatomy and Physiology. 8vo, pp. 24. Washington, 1839.

of medicine has come forth enlarged with new facts, perfected by a more complete analysis of phenomena, and has entered upon a new system more comprehensive and perfect than the preceding one. It is not true, that under the influence of systems the science of medicine has been turning in a circle without improvement; on the contrary, each system has contributed to the developement of the truths on which it was formed.

"The absurdities into which men have fallen by a blind adherence to systems, have been eagerly seized upon by the enemies of reasoning, to give plausibility to their empiricism. It is so easy for those who are unwilling or unable to reason, to dwell upon the errors into which others have been led by reasoning. But it will often be found that these men are not so innocent of reasoning as they imagine. Their practice is very often governed by the principles of some exploded system, which they do not understand, but which serves to furnish them with maxims on which they found their system of routine. Thus, at the present day, we find the old women, both in and out of the profession, appealing to the principles of the humoral pathology as it existed in the days of Boerhaave. A few disjointed fragments of an exploded system, serves as a foundation for the practice of these eminently practical persons. Perhaps some fifty years hence this same class will be discoursing about irritation and gastritis, as they now do about vitiated bile and bad blood.

"Disgusted with the repeated failures of systems, those engaged in the pursuit of medical science at the present day, are adopting a safer course, though there is some danger of their falling into an opposite extreme. We now find that wherever medicine is most cultivated, facts alone are sought for and reasoning is too much decried. No system now rallies any considerable school under its banner. We have just witnessed the downfall of Broussaisin, which, for a few years, caused such an immense sensation in the medical world. This system, which was undoubtedly the most complete and perfect which had ever been presented to the world, was soon found to be too narrow to embrace all the facts which were accumulated by a careful observation. The system lasted but a few years and died before its author, not because it was weaker than those which had preceded it, and which were longer lived, but because of the greater activity with which the sciences are cultivated at the present day. It fell under the rude attacks to which it was subjected, but it will ever form an epoch in the history of medicine. The great truths it contained, and the numerous facts which were collected under its inspiration, will ever remain as monuments to the genius of its illustrious author. I know that many who never comprehended the system when it was in vogue, and who then contented themselves with decrying what they were too indolent to learn, now applaud themselves for their sagacity in predicting its downfall. But it is not on the voices of such men that the fame of great reformers depends. Those who are capable of appreciating the system, even while they recognise its errors, must also be conscious of the great and fecund truths it contains, and will award to the name of Broussais a conspicuous place in the temple of medical science.

"At the present day no system exists in medicine unless it be an eclecticism, which cannot properly be called a system. Eclecticism viewing each system as containing a fragment of the truth, as the developement of some great fact of the science of organised matter, proposes to glean from each system what is true, and to reject what is exclusive and false. It is not properly a system, but it supplies the place of one; it explains the cause of the downfall of the systems which have preceded, and under its inspiration, materials are collected and arranged for building up a new and more perfect one."—p. 25.

The following remarks, expressed in forcible language, are strictly true and appropriate, and should receive the attention of the student:—

"Too many commence the study of their profession who limit the whole

of their ambition to obtaining a diploma, and who look forward to its future pursuit only as a means of gaining a livelihood. To such a one the studies in which he engages are a mere drudgery, a schoolboy's task, which must be passed through. He has no enthusiasm to carry him through the difficult and disgusting parts of his studies, no desire for the progress of the science; on the contrary, he would wish to see its domain diminished so that his labour might be less. After toiling through studies which to him have been irksome and tedious, he passes his examination, receives his permission to practice, and enters upon the field of his future labours. In his practice, as in his studies, he is without enthusiasm and without conscience. He goes through his daily toil and receives his daily wages; he is a day labourer and he feels like one. Envious of the qualifications of those better fitted for the practice of his profession, he contents himself with railing at them and decrying their merits. He joins the ignoble rabble which follows at the tail of the profession, and snarling and biting at the heels of those who go before.

"I trust there are none among you who have come here with such mean and mercenary views. Those who have made up their minds worthily and honestly to practice their profession, must not look forward to an easy task. Art is long and life is short. Life is too short to admit of any portion of it being wasted by him who desires to become eminent in medicine. The studies you will go through with in this institution, will scarcely conduct you to the gate of the temple of medical science. You will here be furnished with a clue which may serve to guide you in your future studies, but not with that which will enable you to dispense with future study. The science is advancing with rapid strides, and much study is necessary to enable you to keep pace with it. But our ambition should be higher; we are bound to contribute according to our talents and advantages to its advancement; we should be ambitious to add a stone to the pyramid which has reached its present elevation by the labour of those who have preceded us, and thus pay to the future the debt we owe to the past."—p. 29.

Dr. May's address is chiefly on the importance of pathological anatomy to the physician. To our minds he gives it too prominent a position in the scale of utility. Accustomed as we are, and have always been, to regard the light thrown upon the nature of disease by such investigations as most important, and never to be neglected, it seems to us, that many most serious errors have arisen from its too exclusive cultivation. When the teacher makes it paramount in the eyes of students, they are too apt to *observe* the morbid appearances without always *reflecting* whether these throw light on the disease or are mere incidental complications. As regards, too, the various theories or systems of medicine on which Professor May animadverts, less mischief we think has arisen from them than from faulty observation. Undue confidence in particular drugs as adapted to particular morbid conditions, and all this founded on presumed *observation* or *experience*, has done more harm, we believe, to the science of medicine than all the systems united. These, indeed, as Dr. Hun has correctly remarked, have not been without their benefit to science.

The following extract is a specimen of Dr. May's reflections, and also of his style,—which, to our taste, is much too ornate; but, it will, we doubt not, become more chastened as years roll over his head.

"Thus, gentlemen, would time allow it, I might go on, extending the application of this important study [pathological anatomy] to almost every ramification of medical science, but I forbear. I cannot doubt that you are fully convinced of its paramount utility, and that, by your assiduous cultiva-

tion of it, you will prove it. Our profession has felt too long, and too deeply, the retarding influence of 'false facts,' based upon theoretical delusion; and even at the present day it numbers many minds who are never at ease unless they are in the world of abstractions: who are inspired with the pen, but lost when in the presence of disease—generalisers, who are unable, or unwilling to endure the slow and patient march of observation, finding it easier to *invent* for nature, rather than to *learn* from her teachings. For them an idea *a priori* is a point of departure, 'and one induction, a principle demonstrated.' They are in truth the *poets* of our science, and though their theories may dazzle by their brilliancy, or excite the admiration from their ingenuity, their *practical* influence in our profession is as evanescent as it is visionary. Like the phosphorescent spangles that are turned up by ocean's wave, they glitter in the track of the noble bark as it passes on, but emit no ray to warn her of the sunken rock—no light to guide her onward to the destined haven of her voyage! Let me caution you against following in the footsteps of such spirits, or of being captivated by their doctrines. Let me tell you that such are the minds who have ever been the great clogs to the advancement of our science, the *incubi* who have ever weighed it down. What lessons may the student of medicine read in the volumes of theory and error, which in former ages have successively risen and fallen under this wild spirit of speculation; teaching the principles of our science at one time by the absurd dogmas of the various schools, and at another by the physical doctrines of mechanics, or the visionary labours of the alchymists; giving rise alternately to the absurdities of humoralism, solidism, and vitalism; or, aided by superstition, seeking explanations in the wider regions of theosophy, magic, or astrology!

> Chaos of ruins! who shall trace the void,
> O'er the dim fragments cast a lunar light,
> And say, 'there was or is,' where all is doubly night?

Though thanks to the influence of pathological anatomy, and the inductive character of the age, this speculative tendency is fast wearing away, its spirit is not yet crushed, and perhaps never will be in our profession. It is indeed too often manifest in the thoughts and works of those who stand forth as the teachers and expounders of its principles; and the student too often through mere reverence for *great names* is accustomed to bow blindly, like the followers of the veiled prophet of Khorassan, and receive alike the good and the evil, the truth and the error, which is placed before him. For authority, gentlemen, when emanating from the experience of those whose labours and researches have thrown light and truth in the path which you are journeying to the attainment of your profession, you cannot feel too much gratitude, you cannot cultivate too much respect; but at the same time never *worship* authority, to the exclusion of *your own reason*, for mere *authority's sake.* Recollect that the language of nature only is oracular in medicine; and whatever principles you may see in books, whatever theories you may hear in lectures, whatever precepts you shall find advanced here in this school, test them by reflection, by experiment, by the light of your own reason; and if you cannot comprehend them, do not receive, but reserve them for closer inquiry, and for future investigation."—p. 21.

Annual Report of the Vermont Insane Asylum.[1]

This useful asylum appears to be in a flourishing condition, and well conducted. We wish we were enabled to offer a report of the condition of a similar establishment in this State, but, alas! we have not one; and the

[1] Third Report of the Trustees of the Vermont Asylum for the Insane, presented to the legislature, Oct. 1839. 12mo, pp. 24. Montpelier, Vt., 1839.

condition of the state finances has induced the governor to refuse his signature to the bill, which passed so triumphantly through the two houses during the last session of the legislature, for the formation of an extensive asylum for the insane poor of the state.

From the report before us we extract the following statement of the physician and superintendant, Dr. Wm. H. Rockwell:—

"The results of another year show an increased prosperity of the asylum, and we would acknowledge, with lively sentiments of gratitude, the many favours which a kind and merciful Providence has bestowed upon us; that we have been spared from any serious accident, and from any prevalent disease; that we have enjoyed so great a measure of health, and that so many, suffering from this afflictive calamity, have been restored to reason and usefulness.

The number of patients remaining at the close of the year,		36
There have been admitted during the year, ...		71
Total, enjoying the benefits of the asylum, ...		107
There have been discharged during the year, ...		38
There remains, October 1st, 1839, ...		69
Of the 38 cases discharged, there have been		
Recovered, ...	25	
Improved, ...	8	
Unimproved, ...	3	
Died, ...	2	—38
Of the 22 recent cases discharged, there have been		
Recovered, ...	20	
Improved, ...	2	—22
Of the 16 chronic cases discharged there have been		
Recovered, ...	5	
Improved, ...	6	
Unimproved, ...	3	
Died, ...	2	—16
Recovered of all the cases discharged, . . .	57½	per cent.
Recovered of all the old cases discharged, . .	28½	"
Recovered of all the recent cases discharged, . .	89½	"
Recovered of all discharged the past year, . .	65½	"
Recovered of all the old cases discharged the past year, ...	31½	"
Recovered of all the recent cases discharged the past year, ...	91½	"

"By a reference to the above, it will be seen that there has been a larger proportion of recoveries than in either of the preceding years. Our new building has enabled us to adopt a more complete classification of our patients, and apply the facilities of the institution with greater advantage.

"The improvement of our incurable patients is an object of little less importance than the restoration of those who are curable. To improve an old case, which has been abandoned as desperate, to awaken his self-respect, to call into exercise his powers of self-control, and cause him to observe the decencies and civilities of life, requires no less skill than to restore those who are not beyond the means of cure. The improvement of our incurable patients has been great. Many of the noisy, the furious, and the violent, have become quiet and orderly, the filthy have become neat, and many that required much attention from others, now assist in performing the duties of the institution.

"As soon as a patient manifests any return of reason, his liberties are increased, and he is encouraged to exercise his judgment and self-control, by joining in the employments and amusements of the convalescents, by associating with them and the officers, and having, as far as is practicable, the privileges of an ordinary boarder at a public boarding-house. To retain this confidence, the patient endeavours to control his disordered feelings, and frequently succeeds in regaining the lost balance of his mind. Those who have sufficiently improved, walk almost unaccompanied by any one, visit the different places in the village, and in a word, are their own keepers. They rarely abuse the confidence thus placed in them; and frequently assist the farmer and attendants in watching those who require it.

"While I would again urge the necessity of an early removal of the insane to a public asylum, as the best policy in a pecuniary point of view, as well as affording a much better chance for recovery, I would not discourage the friends of those who have been insane for a longer time, from making use of the means which can be obtained only at an institution provided for the purpose. In almost every instance these old cases have been improved in their habits, and in some instances have recovered, contrary to the anticipations of every one.

"In old cases, a cure should not be speedily expected. During the past year one of our patients, who had been insane five years before admission, has been discharged recovered, who, at the end of thirteen months from the time of his admission, manifested no improvement, and at the end of seventeen months, was entirely restored. I make these remarks to correct the opinions of some who suppose three, or at most, six months, to be an adequate time of trial. Such facts should encourage us to persevere in similar cases, and not despair in our endeavours to remove this afflictive disorder.

"Insanity increases with civilisation and refinement. The farther we depart from the simple habits and customs of our ancestors, the more shall we prepare for the introduction of this disorder. When we take a view of our country, and witness its advancement in wealth, civilisation, and refinement; the many powerful temptations to embark in hazardous enterprises; the sudden accumulation and loss of property which frequently happens—the freedom of our institutions, by which the humblest citizen may aspire to the highest office in the gift of the people; the fierce and persevering strifes which are every where carried on, both in the accumulation of wealth and obtaining political distinction; and the many trials of disappointment and mortification to which all are liable; who can doubt the many active and operating causes to increase this disease in our country? Persons of all classes and stations in life, are liable to this affliction. Those who are now rejoicing in the blessings of health and reason, may soon be afflicted with this severe calamity.

"Insanity usually arises from some derangement of the functions of the brain and nervous system, and, like other diseases, requires medicinal as well as moral treatment. This disease is often so obscure in its nature and various in its manifestation, that most medical practitioners do not bestow that labour in its investigation as in other disorders; and considering the impracticability of managing many of these cases in a private family, they usually recommend an early removal to an asylum where the usual facilities can be easily applied for their restoration.

"It is almost indispensable for success in the treatment of the insane, that they be removed from their homes and their relations. It is very frequently the case that an insane person conceives a dislike, and sometimes complete hatred, towards those he formerly loved. When this occurs, the watchful solicitude of friends, and their tender and constant assiduities, not only do not promote his comfort, but greatly aggravates his disease, and increases his enmity towards them. It is, therefore, the greatest kindness

they can bestow upon the unfortunate sufferer, to remove him from those scenes of excitement and irritation.

"Among the various exertions of the present day to ameliorate the condition of our fellow men, we are gratified to notice that the condition of the insane has not been neglected or forgotten. The nature of this disease has been duly investigated and the proper remedies discovered. Abundant experience has proved the practicability of the enterprise, and many are now reaping the advantages of the discovery. It has been sufficiently proved that the insane, under suitable medical and moral remedies, may be as easily restored to reason and their former happiness, as those suffering any other disease, equally severe.

"Were there no other advantages derived from an asylum of this kind, than the increased comfort of the insane, and the relief from anxiety which friends experience when they are placed in an asylum, there would be a sufficient remuneration for the expense of the establishment. Those who are now confined in cages and strong rooms, shut out from all the comforts of life, and whose existence is one continued scene of human suffering, need some situation where they can be treated as fellow-beings, and receive those curative means that will result in their recovery.

"No one, excepting those who have bestowed particular attention to the subject, can form a just and adequate conception of the immense amount of human misery that is suffered by the insane poor in this state, and none, we are bold to say, are so deserving the commiseration of their fellow-men. If they are left to remain with their families, who are unacquainted with the means necessary for their improvement, and unable to bear the expense; or what is still worse, are removed to the town poor-houses, where they too often experience the indifference and negligence of the keepers; or, which is sometimes supposed to be necessary, are removed to the common county jail, where the security of the patient and the public, is all that is expected, need we be surprised that so few are ever restored to themselves and friends? As soon as the prison doors are closed upon them, they are placed beyond the means of cure. The community may in this way be protected from injury, but the sacrifice of the patient is generally the price of the protection.

"Another year's experience has confirmed our former opinion that useful employment in the open air, affords the best moral means for the restoration of many of our male patients. Our farm and garden afford the patients abundant opportunities for exercise and occupation, and for carrying into a still more successful operation those moral means which have hitherto proved so efficacious in restoring the lost reason. The original design, of making this institution a self-supporting establishment, is now in some measure carried into successful operation, and we trust the time is not far distant, when the insane poor can be supported cheaper at this asylum than in their several almshouses. When we take into consideration the great saving of expense from their being speedily restored, not to mention the greater comfort the patient enjoys at the asylum, we cannot but hope that the legislature will make suitable provision for this afflicted portion of our population.

"The management of a farm is familiar to most of our patients, and the different modes of cultivating it calls into exercise their judgment, and affords a subject for interesting conversation. It also furnishes the most delightful, as well as the most useful employment for the inmates. In the garden the florist and botanist have an opportunity to attend to their favourite pursuits. The horticulturalist can also be pleasantly and usefully employed in furnishing the vegetable productions for the table. On the farm, the agriculturalist can suggest the results of his own experience in better days, and illustrate it by actual experiment. And he, whose mind is so dilapidated as to take little or no interest in any thing, is furnished with employment which promotes his health and increases his enjoyment.

"Our female patients require less exercise in the open air than men. We have, however, horses and carriages appropriated for their benefit. They frequently ride, walk abroad with their nurses, and gather flowers in the garden. The matron has frequently sewing parties, which all, who are in a proper condition, attend. They consider it a great favour to attend these parties, and endeavour to conduct so as not to forfeit the privilege. Besides the animated conversation which is elicited on these occasions, some of the number frequently read some interesting book for the entertainment of the rest.

"The religious exercises at the institution have been continued as formerly. Our new chapel affords a very commodious, neat, and convenient place for meeting on the Sabbath. Until the new building is completed, but few of the male patients will be able to attend our family worship during the week.

"Much of the good effect of religious worship depends on the prudence and discretion with which it is managed. We consider the judicious employment of religious exercises an important part of our moral treatment. They serve to promote order, revive their former grateful habits and associations, and recall into exercise that self-control which tends to their recovery. That religion which breathes 'peace on earth and good will to men,' and whose cheering influences extend beyond the grave, affords solace and consolation to the insane, as well as comfort to the rational mind. No one, who has witnessed the influence of the Christian religion on the human mind, can for a moment doubt its efficacy in producing serenity under all the trials of life, and preventing that shipwreck of reason, which would otherwise inevitably have followed. I have always noticed that the humble believer in Christianity recovered more readily from insanity than one who was not. As soon as the former has a return of one ray of reason, he has something to which he clings, and which soothes and sustains him under all his troubles. From the effect of proper religious exercises upon the minds of the insane, we have no doubt but the time will soon come, when its use will be considered an important moral means in the management of every well-regulated asylum.

"From the benefits that have already attended our efforts, we feel encouraged to make further and greater exertions in behalf of this unfortunate portion of our fellow men, humbly relying on the favour of a benificent Providence to crown our exertions with success."—p. 23.

MISCELLANEOUS NOTICES.

Remarkable State of the Blood in an Hysterical Girl.—Eliz. S., aged 18, light hair and fair complexion, and unmarried, was admitted August 14, under the care of Dr. Chowne. She had the catamenia first, when she was sixteen years of age, and has had returns during the last six months, at intervals of a fortnight, in all respects as if they had been at the usual period.

On her admission she stated, that she had been affected with pain in the forehead and the left hypochondrium for three months; the latter pain she had, however, been subject to for two years. It was stated that, during the week prior to her admission, she had been almost constantly in fits, both during the day and the night. She had a similar fit soon after her admission, the general character of which was hysterical.

She had a full habit of body; countenance pale; lips red; she complained still of severe pain in the forehead, and considerable pain and tenderness, on pressure, under the false ribs of the left side; pulse full and frequent; impulse of the heart great, the first sound loudest; tongue rather white; bowels generally costive. After she came into the hospital she had two or

three fits every day for some days; during these fits the inspirations were long and difficult, and made with a loud sobbing noise; the expirations were natural, and the action of the heart continued as usual; she closed her eyelids; appeared insensible to what was passing around; and could not be roused by speaking to her even in a loud voice. The fits came on suddenly; if she were sitting when they attacked her, she remained in the same posture, unless laid down by one of the nurses. There were no spasmodic or other movements, except the affection of respiration. The fit generally lasted about half an hour; when it was over she remembered nothing of what had passed. She had aperient medicine for a few days after her admission.

On the 20th, as there was no alteration in her health, she was cupped between the shoulders, to about ten ounces. The blood was set aside, and on the 23d, three days after it was taken, presented a very peculiar appearance, which, however, it had gradually assumed. The serum was scanty and reddish, and the whole clot presented a grayish-white colour; upon examination this was found on the upper side, about a quarter of an inch thick, at the sides, and below somewhat thinner. In appearance and consistence it was very similar to congealed oil, or fat, containing a little water, and resembling the coagulated fat of gravy; it also felt greasy between the fingers. The interior of the clot was crassamentum, of the usual consistence and colour, but on being broken up particles of white matter were found in the substance of it similar to that which surrounded it.

Dr. Chowne observed, that according to an analysis of this incrustation made by Dr. John Snow, to whom he had given it for that purpose, the fatty looking substance resembled fibrin in its chemical properties. On exposure to a moderately elevated temperature it became dried to a substance resembling horn. It was not soluble in alcohol, either cold or boiling. It was completely soluble in acetic acid, but only partially so in nitric acid on boiling. It was completely soluble in cold liquor ammoniæ, and in boiling liquor potassæ, and on the addition of an acid to these solutions, it was precipitated in the form of a soapy-looking matter. The serum of this blood, instead of being alkaline, showed an acid reaction on litmus. On being heated it formed only a very loose and curdy coagulum, and on being evaporated to dryness was found to contain eight per cent. of dry albumen and salts, which is somewhat less than the natural proportion.

The blood was richer than natural in colouring matter and fibrine, but as it had been exposed during a few days to the evaporating of a part of its water, the exact proportion could not be stated.

23. The fits not so frequent, but the patient still complains of pain in the head and left side. To be cupped behind the neck to four ounces. The serum of this blood presented a milky appearance; it was alkaline, and in other respects appeared natural, and on being kept a few days underwent only the usual changes.

26. Remains much in the same state; pulse full, 90. Was bled from the arm to four ounces.

31. The blood taken on the 26th, and to-day, perfectly natural.

This appeared to be one of those examples, said Dr. Chowne, in which temporary peculiarities were found in the qualities of the cultivating fluid, not attributable to any particular cause that admitted of being recognised or associated with any particular set of appearances. There were abundant instances of the ordinary products of disease being found in the blood, under such circumstances as to leave no doubt of their having been formed there during its circulation; sometimes, instead of blood, a curdy friable matter, of a dirty gray colour, more or less firm, and resembling the semi-concrete pus of certain chronic abscesses. There was an extraordinary degree of apparent capriciousness about the existence of such unusual conditions of the blood. It was not always general, and there was great want of uniformity in the quality of the blood in different parts; similar peculiarities

had been found in some vessels, while they had not existed in others. In the present case there appeared to be a disposition in the blood of the second bleeding to undergo the same change, but in that of the third and fourth all tendency to it appeared to have been lost.[1]

On the Cephalic Ganglion, commonly called the Pituitary Gland, and on its connections with the Nervous System of Organic Life. By M. Bazin.—After an historical account of the researches relating to the connections of the pituitary gland with the filaments of the sympathetic, the author passes to the facts which he has observed.

"The filaments by which the cephalic ganglion or pituitary gland is connected with the organic nervous system arise from the anterior and posterior aspects of the ganglion, from which they pass laterally to proceed immediately to the internal carotid artery, around which they wind, giving filaments to the carotid plexus. Several filaments thus anastomose with the net formed by the cavernous plexus.

"The filaments arising from the anterior aspects of the cephalic ganglion, are the largest: they form a fasciculus two millimetres wide, which is produced by the union of the two principal trunks. Arrived at the internal carotid, in the level of the concavity of the curve which it makes to go to the brain, they form a small gangliform plexus. A filament given off by the anterior trunk turns round the anterior and external aspect of the internal carotid, and divides into two filaments, each of which passes to one of the opposite extremities of the carotidian or cavernous ganglion. This ganglion furnishes several filaments, which pass to the third pair, and go to the ophthalmic ganglion. Behind, the cavernous ganglion sends several filaments to another ganglion situated between the external surface of the carotid and the first branch of the trifacial. The last ganglion gives several filaments to the outer surface of the carotid; others go to unite with a plexus situated between the third pair and the ophthalmic branch of the fifth; and this plexus gives two filaments to the sixth pair. The others go backwards, to what appears to us to be a true ganglion, situated in the internal surface of this first branch of the trifacial. The ganglionic plexus resulting from the union of the nerves coming off anteriorly from the cephalic ganglion, sends two moderate-sized filaments over the concavity of the last curve of the internal carotid, which are connected on the one hand with the *nervi molles* of the cavernous plexus, and on the other with the large filament which the superior cervical ganglion sends under the lower and outer surface of the internal carotid. Other filaments proceeding from the anterior surface of the cephalic ganglion, and others still which arise on its posterior aspect, embrace, and twine round the carotid, and are also continued to the filament we have just pointed out.

"I have discovered the same relations, only less complicated, between the cephalic ganglion (pituitary gland) and the superior cervical ganglion, in the eagle and the ostrich."—*Comptes-Rendus*, Oct. 21, 1839.[2]

A Peerage refused by a Physician.—At the late creation of peers in France, the name of M. Double was decided on as that of one fit to be raised to the dignity in question. The offer was then made to him, on condition that he should renounce the exercise of his profession! To this proposal M. Double refused to consent, not choosing to purchase the honour at so dear a price; and we cannot but remark, that the spirit evinced by the French government on this occasion is very different from that which actuated Napoleon, when he constituted Cabanis, Berthollet, and Fourcroy, peers of the empire.[3]

[1] London Lancet, Sept. 21, 1839, p. 936.
[2] Lond. Med. Gaz., Nov. 29, 1839, p. 368.
[3] Ibid. p. 333.

Medical Convention for Revising the Pharmacopœia.—This convention assembled at Washington on the first Wednesday of January. Owing to a mistake made in convening it on the first Wednesday, instead of the first Monday, of January, the delegates from the University of Maryland and New Hampshire did not reach Washington until after the convention had adjourned.

We shall publish the account of the proceedings of the body, of which we formed a part, as soon as we receive it from the secretaries. Nothing could have passed off more harmoniously and satisfactorily in all respects.

The Maryland Medical and Surgical Journal.—We have received the first number of this new periodical, of neat appearance, and well "got up" in all respects. It is intended to appear quarterly, at the rate of $2.50 in advance, or at one dollar per number. The editorial committee are Drs. G. C. M. Roberts, Nathaniel Potter, James H. Miller, Robert A. Durkee, John R. W. Dunbar, and Samuel G. Baker.

We wish it every success.

NECROLOGY.

[We regret to observe in one of the latest foreign journals,[1] the death of an old and venerated preceptor.—*Ed.*]

Dr. Hamilton.—Dr. Hamilton, whose illness we announced last week, died on the 14th instant, at his house in St. Andrew's Square, Edinburgh. He had been for a great number of years Professor of Midwifery, and was the last of a generation now completely gone by. He was a very animated lecturer, and we believe, an energetic practitioner, retaining to the last the utmost vivacity in the maintenance of his opinions, as some papers published only last year, in the pages of this journal, [Lond. Med. Gazette,] will sufficiently demonstrate.

We have already heard of various candidates, both in Edinburgh and London, who are anxious to succeed him.

BOOKS RECEIVED.

Remarks on some of the Medicinal Springs of Virginia. By George Hayward, M. D. (Read before the Boston Society for Medical Improvement Sept. 23, 1839.)

From the Author.—Introductory Lecture before the Surgical Class of the College of Physicians and Surgeons, Fairfield, N. Y. Delivered Dec. 3, 1839. By Frank H. Hamilton, M. D., Professor of Surgery. (Published at the request of the Class.) 8vo, pp. 22. Albany, 1839.

From the Author.—A Defence of the Cosmogony of Moses, being, 1st, A Vindication from the attacks of Geologists; 2d, An Examination of that portion of Dr. Buckland's Geology, (one of the Bridgewater Treatises,) entitled Consistency of Geological Discoveries with Sacred History; 3d, A Review of an Essay on "Geology and Revelation" by J. G. Morris—an article in the American Museum for Nov. 1838. By J. Horwitz, M. D. 8vo, pp. 31. Baltimore, 1839.

[1] Lond. Med. Gaz. Nov. 22, 1839, p. 336.